

Meeting Date: Tuesday, November 20, 2018
 Time: 4:00 – 6:00 p.m.
 Meeting Location: DHMC – Auditorium B
 Approval: December 18, 2018
 Recorded By: Glenda H. Shoop

ATTENDANCE

Faculty Voting Members

| | | | | | | | |
|--|----|--|----|---|----|--|----|
| Ames, James (Clinical-Orthopedics) | -- | Crockett, Sarah (Clinical-Emergency Medicine) | X | Hanissian, Paul (Pre-Clinical- SBM Reproduction; Clinical-Obstetrics and Gynecology) | X | Huntington, Jonathan (Clinical-Medicine) | -- |
| Jaynes, Scott (Faculty Council) | -- | Loo, Eric (Pre-Clinical-Pathology) | X | Mullins, David (Pre-Clinical) | X | Myers, Larry (Pre-Clinical) | X |
| Murray, Carolyn (Clinical-Medicine) | X | Nelson, Bill (Pre-Clinical and Clinical- Health and Values VIG) | -- | Rees, Judy (Pre-Clinical-Epidemiology) | -- | Robey, R, Brooks (Pre-Clinical) | X |
| Sachs, Marlene (Community Preceptor Education Board) | -- | Saunders, James (Clinical-Surgery) | X | Sorensen, Meredith (Clinical-Surgery) | -- | Spaller, Mark (Pre-Clinical) | -- |
| Weinstein, Adam Chair; Pre-Clinical-Renal Phys; Clinical-On Doc and Pediatrics) | X | | | | | | |

Student Voting Members Year 1

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|--|----|--|----|---|----|--|---|
| Mia Bertalan (Student-1 st Yr. Rep) | -- | Falen Demsas (Student-1 st Yr. Rep) | -- | Joe Minichiello (Student-1 st Yr. Rep) | -- | Michael Sramek (Student-1 st Yr. Rep) | X |
|--|----|--|----|---|----|--|---|

Student Voting Members Year 2

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|---|----|---|----|--|----|---|----|
| Bessen, Sarah (Student-2 nd Yr. Rep) | -- | Del Favero, Natalie (Student-2 nd Yr. Rep) | -- | Lindqwister, Alexander (Student-2 nd Yr. Rep) | -- | Stanko, Kevin (Student-2 nd Yr. Rep) | -- |
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Student Voting Members Year 3

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|--|----|---|----|---|----|--|----|
| Bachour, Kinan (Student-3 rd Yr. Rep) | X | Berkowitz, Julia (Student-3 rd Yr. Rep) | -- | Bhushan, Vivian (Student-3 rd Yr. Rep) | -- | Di Cocco, Bianca (Student-3 rd Yr. Rep) | -- |
| Kettering, Alexander (Student-3 rd Yr. Rep) | -- | Warren, Celestine (Student-3 rd Yr. Rep) | X | | | | |

Student Voting Members Year 4

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|--|----|--|----|---|----|---|----|
| D'Agostino, Erin (Student-4 th Yr. Rep) | -- | Kuczmarski, Thomas (Student-4 th Yr. Rep) | -- | Merali, Natasha (Student-4 th Yr. Rep) | -- | Ramos, Joshua (Student-4 th Yr. Rep) | -- |
|--|----|--|----|---|----|---|----|

Student Voting Members MD/PhD

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|---|----|--|---|---|----|---|---|
| Chidawanika, Tamutenda (Student-MD/PhD Rep) | -- | Emiliani, Francesco (Student-MD/PhD Rep) | X | Rees, Christiaan (Student-MD/PhD Rep) | -- | Svoboda, Marek (Student-MD/PhD Rep) | X |
|---|----|--|---|---|----|---|---|

Present = X / Absent = -- / Excused = 0

| Non-Voting Members | | | | | | | |
|---|----|---|----|--|---|--|----|
| Albright, Amanda (Computing) | -- | Brown, Lin (Pre-Clinical-Year II Co-Director) | -- | Dick, III, John (Associate Dean, Yrs. III, IV) | X | Duncan, Matthew (Assoc. Dean, Student Affairs) | -- |
| Eastman, Terri (Pre-Clinical Curriculum Director) | X | Eidtson, William (Director, Learning Services) | X | Fountain, Jennifer (Year II Curric. Mng) | X | Guerra, Sylvia (DICE Rep) | -- |
| Hamel, Ashley (DICE Rep) | -- | Jaeger, Michele (Registrar) | -- | Kerns, Stephanie (Libraries Sciences) | X | Kidder, Tony (Year I Curric. Mng.) | -- |
| Lyons, Virginia (Assistant Dean, Year I) | X | McAllister, Stephen (Computing) | -- | Montalbano, Leah (Assessment & Evaluation) | X | Nierenberg, David (Year 2 Associate Dean) | |
| Ogrinc, Greg (Senior Associate Dean for Medical Education) | X | Pinto-Powell, Roshini (Assoc. Dean Student Affairs) | X | Reid, Brian (Computing) | X | Ricker, Alison (Clinical Curriculum Director) | X |
| Shoop, Glenda (Associate Dean for Undergraduate Medical Education Administration) | X | Swenson, Rand (LCME, Chair Dept Med Ed) | X | Chair, Geisel Academy of Master Educators | | (Faculty Development) | |
| (TDI) | | | | | | | |
| Guest(s) | | Guest(s) | | Guest(s) | | Guest(s) | |
| Susan Martin, Office of the Registrar | | | | | | | |
| | | | | | | | |

Present = X / Absent = -- / Excused = 0

1. Call to Order – Adam Weinstein, MD

Adam Weinstein, Chair, called the meeting to order at 4:02 p.m.

2. Announcements – Adam Weinstein, MD

No announcements were made.

3. Approval of October’s meeting minutes – Adam Weinstein, MD

Eric Loo made a motion to approve the October 2018 minutes. The motion was seconded by Sarah Crockett. The motion passed by a unanimous vote.

4. Student Issues/Feedback

Students expressed a concern re: the limited number of Sub-I rotation spots and asked if there’s a plan to have enough Sub-I spaces available.

- The Office of Clinical Education works make sure each student ends up getting a Sub-I rotation so all students should be covered.

5. Policy Agenda

- Preclinical Student Contact Hour Policy
 - We needed to update this policy to fit the MEC-approved *Guiding Principles of Course and Core Clerkship Design at Geisel*, which lays out the principles of pedagogy for the new curriculum.
 - The number of class hours was the most significant change made to the policy.

- In the current curriculum, total class hours should be no more than 25 hours per week on average, and no week can exceed 28 hours per week. For the new curriculum, total class hours should be no more than 24 hours per week, and no week can exceed 24 hours per week either. These hours were already approved by MEC on *Guiding Principles of Course Design* document noted above.
 - Other changes to the policy were made based on wording to keep consistency with the above principles document and to make sure preparatory time remained appropriate and within the guidelines set forth.
 - Page 2, #1, change Office to ‘associate dean for preclinical education’.
 - Page 3, continuation of #1
 - Changed Year 1 and 2 to the ‘the preclinical phase’.
 - Page 3, #2
 - Changed Directors to ‘associate dean for preclinical education’.
 - Deleted ‘The Department shall review the schedule for compliance with this policy’.
 - Page 3, #3
 - Changed Office to ‘associate dean for preclinical education’.
 - Page 3, #4
 - Changed the Department of Medical Education to ‘associate dean for preclinical education’.
 - Changed office to ‘Office of Preclinical Education’.
 - The Department of Medical Education was removed because the associate dean for medical education will be responsible for reviewing contact hours.
 - A member asked if there was a history to this policy, particularly addressing the low student participation in lectures.
 - Whether students show up to the class or not, they're still responsible for the material, no matter how many hours are in the course.
 - The updates to the policy fit the MEC-approved guidelines document. Reducing the hours
 - Aligns our school with other US medical schools.
 - Prevents courses from inflating the number of hours.
 - Relates to the LCME requirements for time needed to promote self-directed learning.
 - A MEC member stated that this policy gives a net 30% reduction in content hours. In response, it was explained that the new curriculum was modeled for 24 hour per week by the MEC sub-committee. Therefore, this policy is not adding on a further reduction.
 - Currently, Year 1 is essentially working on a 24 hour-per-week schedule even under the former policy. Currently, in Year 2 the hours fluctuate from as low as 22 to as high as 28.
 - There was a brief discussion about how the mandate for 24 hours takes away the flexibility of scheduling. It was explained that we need to find ways to reduce the heavy load of hours per week to allow students study time and participate in co-curricular activities. Taking the 28-hour weeks away and moving it back to 24 hours was a solution.

Larry Myers made a motion to approve the Preclinical Student Contact Hour Policy. The motion was seconded by Eric Loo. The motion passed by a majority vote. There was 1 abstention.

- Longitudinal Curricula Listing and Leaders
 - This agenda item was moved forward to the December 18th MEC meeting.

- Course Names
 - Course names were shared for the group to discuss.
 - After discussion, a decision was made to ask the course leaders to propose 1 or 2 names for their course using the following guidelines established by the MEC.
 - Keep it to 30 characters.
 - Make it descriptive and give the scope of the course in 2 or 5 words or less.
 - Use flat science terms; not cutesy or quirky names.
 - The vote on course names will be taken at the December MEC meeting.
 - These new curriculum course names are needed for the Registrar to move forward with setting up the courses in the system.
 - Course names need to be approved by January, especially for those courses being offered in August-December 2019.
 - Along with the course names, the registrar will need credits, start/end dates, and short course descriptions.
 - Subject code and numbering of the new courses haven't been decided.

- New Curriculum Course Leaders and Start/End Dates
 - Course start/end dates have not been approved by the MEC.
 - The MEC voted on a general curriculum and course plan; Rand Swenson assigned the hours, and the course leaders have been working off that schedule. As leaders create the courses, they need to know how courses fit in the structure. The course leaders are working with this plan somewhat unofficially.
 - This plan and the degree of flexibility need to be discussed. There might be some collaboration that can take place among the course leaders if flexibility is allowed.
 - The day of the week a course is scheduled to begin is something important to know. Some course leaders do not know if this day has been decided. This will need to be confirmed.
 - During course development meetings, a consistent schedule has been discussed. This has not been decided and needs to be discussed because of running parallel to the Year 2 schedule.
 - The MEC sub-committee decided that 2 courses running concurrently was the best plan; we will need to update the table to reflect this.
 - Other Comments
 - In this new curricular structure, the academic year is longer, extending to June 19th. There is an 8-week break between the end of Year 1 and the start of Year 2. The plan keeps a winter break.
 - Some, not all, longitudinal curricula leaders are aware of this schedule. A meeting is scheduled for all the longitudinal leaders to go over their role and the schedule.
 - Banner has requirements that feed into Financial Aid issues, so this course start/end date table is more informational.
 - The course schedules need to be discussed very soon. When systems-based courses open after the Foundations course, and need a fixed schedule, it will be helpful for the 2 course leaders to meet as soon as possible to coordinate schedules and work around the clinical schedules.

- Clinical schedules are very relevant and need to be considered. There needs to be careful planning in these schedules. Typically, this is done under the central office.

6. Old Business

Foundations in Medicine Course – *Larry Myers, PhD, Course Leader*

- Larry Myers presented the course at the October 20th MEC meeting and asked for any final comments and questions before the vote.
 - There's quite a bit of collaboration between the course directors.
 - The course objectives are well-formed at this point; however, we anticipate revisions to the objectives in the second review of the course.
 - Is there a plan to make sure information taught in the Foundations course will be relevant for courses that will be offered for the first time in academic year 2020?
 - What's becoming apparent to Dr. Myers is that the Foundations course won't be able to cover all the basic foundational material needed for all the organ-based systems courses.
 - Perhaps Foundations faculty will return in those organ-based system courses to cover / introduce the foundational material.
 - Collaboration among course and longitudinal leaders will be essential to find the right place for material
 - Is there a plan for some of the longitudinal topics to have a 'home' for covering the foundational or basic information? For example, Mark Spaller, leading pharmacology, is looking for a home to introduce neural anatomy and physiology and introduce pharmacology of the autonomic nervous system.
 - Collaboration among course and longitudinal leaders is essential for these decisions.
 - Each longitudinal curriculum will need to have objectives approved by the MEC.
 - Course and topic leader meetings will be held in January, March, and May.
 - A motion was made to approve the Foundation course objectives and course hours, with the understanding that these objectives and the course outline might need some revisions.

David Mullins made a motion to approve the objectives and number of course hours for the Foundations course. The motion was seconded by Michael Sramek. The motion passed by a unanimous vote.

7. New Business

Principles of Assessment – *Leah Montalbano, Manager, Program Evaluation*

- The group has been meeting almost weekly since the end of August.
- The group was charged with developing a set of principles intended to outline priorities and guide decisions in the design, development, and implementation of course and curriculum assessment, as well as align with and support the curricular mandates that were established in the Medical Education Committee's *Guiding Principles Behind Curricular Changes at Geisel*.
- The principles of assessment relate to learner assessment, not program or course assessment.
- The key purposes of learning assessment were decided and 5 overarching principles that touch on all aspects of assessment were developed. Each principle was broken down into 4 sub-principles: process, methods and content, remediation, and student data performance.
- An assessment methods task group will be formed to establish guidelines for methods used to assess learners.

- The current assessment policies need to be reviewed, with the understanding that we may need to create new policies or revise existing policies for the assessment of learning.
- Leah extended a thank you to the group members that worked on this project with her.
- A request was made to move the vote on these principles to the December meeting, so the group can take one last look at them and incorporate any feedback from the meeting.
 - One suggestion raised for updating on the document:
 - Aren't self-improvement and feedback implementation issues?
 - Answer-- The principle behind self-improvement and feedback is that this must occur, but the principle doesn't dictate how it will occur. "How it will occur" will be made by the course leader.
 - Another suggestion:
 - The reference made to the 'complete physician', which comes from the school's mission statement, is a term that people struggle with. 'Becoming' a complete physician occurs throughout one's career. There doesn't seem to be an endpoint.
- Assessment of content means we must make sure we link our assessment methods, so we know where content is being assessed. Mapping the assessments up to objectives will be necessary.

Year 4 Curriculum – *Campbell Levy, MD, Year 4 Curriculum Director*

- Dr. Levy was unable to attend the meeting. Dr. John Dick presented this agenda item.
- John Dick updated the MEC – the course development group is getting close to a revised set of objectives.
 - Dr. Dick asked the MEC to approve these objectives before the course begins in February.
- Campbell Levy took over the Year 4 Director position in September. He has worked with all the previous course directors and brought them together in the development of this course. Dr. Levy and all the course directors worked together to identify the objectives that were redundant, overlapped, etc., and narrow this down dramatically. They wrote more higher-level objectives.
- The group is moving forward with the objectives to create one complete course rather than the four courses offered in previous years: Advanced Medical Sciences, Advanced Clinical Pharmacology and Therapeutics, and Health, Society, and the Physician (HSP), and Advanced Cardiac Life Support.
- One significant change is that the number of hours has been reduced in response to the students' large dissatisfaction for the hours. The dissatisfaction wasn't because the content wasn't important or there wasn't excellent faculty to teach the courses; rather, it was because the timing of the course and the challenge of having the students who are ready to match come back into a large-group setting, even if it was interactive.
- Alison Holmes, who was overseeing HSP, which is now Advanced Health Care Delivery Sciences, is cutting out many small-group sessions. The focus of the course is still on clinical improvement projects, which will now have 7 weeks rather than 4 ½ weeks to complete.
- David Nierenberg is doing more of a flipped classroom method to make Advanced Clinical Pharmacology and Therapeutics more interactive.
 - Students will be given a series of increasingly complex clinical cases. A more advanced model of learning. They will work on these cases in groups. A CPC will be used each week, using a very challenging case that the students will likely see as interns. In place of a final exam, students will be required to submit an Entrustable Professional Activity (EPA) each week; something that the residency director will want them to do on the first day of internships, such as, writing an accurate and complete outpatient prescription; inpatient orders for medications; sorting through a large number of medications for any toxic drug interactions; etc.

- Each student will build a portfolio of EPAs.
- This class will be the first cohort that had Patients & Populations, which means that the fundamentals of Health Care Delivery Systems won't need to be taught in this course. Students will already have had the basics.
- Two large-group sessions will be on finances. This will be helpful to close the gap in knowledge for local and national determination of coverage, prior authorization, etc.
- This course will still be 7 weeks in length, but less total time in class.
- The crux of this course is intern readiness (what will you do on day one) and the ongoing professional development of a physician.

Infection and Immunity Course – *David Mullins, PhD, Course Leader*

- First MEC presentation of this course.
- The proposed name is Infection and Immunity (I²)
- Premise of the course is a study of how humans use the immune system to coexist with the microbial world around us.
- The course follows Foundations, runs concurrent with Hematology, Patients and Populations, and On-doctoring, and comes before organ-based systems courses.
- The course takes elements of CTO, immunology, basic microbiology and Infectious Disease. Dr. Mullins aims to bring all this together.
- Working with Alex Fuld on integration with Hematology.
- Infection and Immunity will also be a longitudinal curricula topic in order to get it into all organ-based systems courses.
- The plan is to integrate the basic foundational science and introduce clinical concepts to prepare students for the organ-based courses.
- Goal is to provide foundational training in microbiology, immunology, and infectious disease with the acknowledgement that this is at a level appropriate for the early-stage medical student.
 - Clinical cases will be written and used for this stage of the student.
 - Treat course as an integrated approach that the three (microbiology, immunology, and ID) will be delivered simultaneously.
- A typical and consistent week has been established.
 - There will be a weekly introduction to set up the case. Then, will use active learning throughout the week, with an integration and assessment to solve the case. Synthesis and integration will occur at the end of the week.
- Strong emphasis on student-centered and active learning, which will be driven by cases. The course will start with simple cases, getting more difficult as the course goes along.
- The Thanksgiving holiday breaks up the course, so a 2-week integration period will wrap up the content. The course will use 2 complicated cases leading up to the final exam.
- The course has 19 course objectives mapped to prior objectives. Dr. Mullins managed to incorporate every objective from the existing microbiology and SBM ID course and added a few extra.
- Dr. Mullins needs to meet with organ-based systems course leaders as well as longitudinal leaders.
- The course serves as a bridge between Foundations and organ-based system courses. The organ-based systems will get a much more clinically-oriented assessment.
- Cases are designed for the students to prepare and develop learning objectives for that week, and then go out in a facilitated and guided way to fulfill the objectives.
- Critical thinking skills will be emphasized in this course so that the progression into clinical reasoning will be more straightforward.
- Collaboration with the other course leaders will be important for successful integration. It is especially important to know what the clinical course leaders feel is important for the students to learn.
- The plan is for the MEC members to review the documents and vote at the next meeting.

8. Adjournment – *Adam Weinstein, MD, MEC Chair*

Dr. Adam Weinstein, Chair, adjourned the meeting at 5:45 p.m.

9. Ongoing Business

- 4th Year Curriculum
- Duty Hours
- Evaluation Oversight Committee
- Curricular Evolution Subcommittee
- LCME Oversight Committee

10. Future Meetings

**** Please note these meetings are on the 3rd Tuesday of each month, 4:00 - 6:00 p.m.*

- January 15, 2019
- February 19, 2019